

**BUSINESS REPORT**

**MONTANA HOUSE OF REPRESENTATIVES  
62nd LEGISLATURE - REGULAR SESSION**

**HOUSE APPROPRIATIONS COMMITTEE**

**Date:** Tuesday, March 8, 2011  
**Place:** Capitol

**Time:** 8:00 AM  
**Room:** 102

**BILLS and RESOLUTIONS HEARD:**

HB 46 - Revise and clarify the realty transfer act  
HB 165 - Deposit certain trust land and river bed income to guarantee account  
HB 184 - Healthcare tax credits for individuals and out-of-pocket expenses  
HB 188 - Provide licensure and regulation of real estate appraisal management companies  
HB 192 - Adjust exempt retirement amounts for individual income tax  
HB 243 - Revise laws on uninsured motorists  
HB 274 - Provide that employment of an unauthorized alien is unlawful  
HB 321 - Nullify federal endangered species act  
HB 331 - State assistance for economic damage by brucellosis  
HB 358 - Revise Montana medical savings account contribution limits  
HB 363 - Provide for use of wolf license money  
HB 377 - Revise laws to allow medication aides in nursing homes  
HB 386 - Revise management of state-owned or state-leased vehicles

**EXECUTIVE ACTION TAKEN:**

HB 386 - Revise management of state-owned or state-leased vehicles

**Comments:**

None



REP. Walter McNutt, Chair

**HOUSE OF REPRESENTATIVES**  
**Roll Call**  
**APPROPRIATIONS COMMITTEE**

DATE: 3/8/2011

<u>NAME</u>	<u>PRESENT</u>	<u>ABSENT/ EXCUSED</u>
REP. BILL BECK, VICE CHAIR	X	
REP. CYNTHIA HINER, VICE CHAIR	X	
REP. DUANE ANKNEY	X	
REP. TONY BELCOURT	X	
REP. RANDY BRODEHL	X	
REP. TOM BURNETT	X	
REP. ROB COOK	X	
REP. MIKE CUFFE	X	
REP. CHAMP EDMUNDS	X	
REP. RON EHLI	X	
REP. JOHN ESP	X	
REP. STEVE GIBSON	X	
REP. ROY HOLLANDSWORTH	X	
REP. GALEN HOLLENBAUGH	X	
REP. BILL MCCHESENEY	X	
REP. ROBERT MEHLHOFF	X	
REP. RYAN OSMUNDSON	X	
REP. DON ROBERTS	X	
REP. TRUDI SCHMIDT	X	
REP. JON SESSO		Excused
REP. WALTER MCNUTT, CHAIR	X	



## HOUSE STANDING COMMITTEE REPORT

March 8, 2011

Page 1 of 1

Mr. Speaker:

We, your committee on Appropriations recommend that House Bill 386 (first reading copy -- white) do pass.

Signed: *Walter McNutt*  
Representative Walter McNutt, Chair

- END -

Committee Vote:

Yes 21, No 0

Fiscal Note Required ☐

HB0386002SC.hgh

*Wm*  
*3/9/11*  
*10:00*

# REALTY TRANSFER CERTIFICATE CONFIDENTIAL TAX DOCUMENT

**WHO MUST FILE:** Any party transferring real property regardless of whether the transfer is or is not evidenced by deed or instrument or any party presenting an instrument or deed evidencing a transfer of real estate for recordation. Real estate includes land, growing timber, buildings, structures, fixtures, fences, and improvements affixed to land.

**YOU MAY OWE INCOME TAXES:** Any gain on this transfer is Montana source income and should be reported to the Department of Revenue on the appropriate income tax return.

## WHEN AND WHERE TO FILE:

The completed Realty Transfer Certificate must be filed with the County Clerk & Recorder when the instrument or deed evidencing a transfer of real estate is presented for recording.

If the transfer is by operation of law, then a Realty Transfer Certificate with the required supporting documentation should be filed with the local Department of Revenue Office where the property is located. Please see Part 4 for further detailed information.

**The Department of Revenue will change the ownership record when this form is fully and accurately completed and signed.**

## PART 1 – DATE OF TRANSFER (SALE)

This should be the date on which the instrument or deed was executed (the date the instrument or deed was signed by the Seller (Grantor) and Buyer (Grantee) unless otherwise specified in the deed or date of decedent's death). Contracts for Deed and Notices of Purchaser's Interest should use the date the contract or notice was initially signed, not the date the contract was finalized.

## PART 2 – PARTIES

**Seller (Grantor)/ Buyer (Grantee):** Enter the names of the seller (grantor) and buyer (grantee) exactly as they appear on the transferring document. Business organizations, corporations, trusts, etc. should enter their name(s) exactly as it appears on the transferring document.

**Addresses:** For the seller (grantor) enter the current mailing address. The seller (grantor) and the buyer (grantee) are requested to mark Yes or No to indicate if the property subject to this transfer has been or will be the location of their principal residence. A principal residence is a residential dwelling that was occupied, in the case of the seller (grantor), or will be occupied, in the case of the buyer (grantee), by the owner for at least 7 months (198 days) of the calendar year. For the buyer (grantee) enter the permanent mailing address. If the tax notice is to be sent to a different mailing address, please complete the additional mailing information.

**SSN or FEIN:** For individuals, list the last 4 digits of the social security number of all legal owners named in the transferring document. Business organizations, corporations, trusts, etc. list the last 4 digits of the federal ID number(s) of the legal entity(ies) named in the transferring document, § 15-1-201, MCA and 42 USC § 405(c)(2)(C)(i)(iv). The Department of Revenue utilizes personal identification numbers to cross match Realty Transfer Certificates with income tax returns to ascertain taxpayer compliance on gains from real estate sales or transfers and to identify delinquent taxpayers. Additional SSN or FEIN numbers (last 4 digits) may be provided on an attachment.

**Daytime Phone:** Enter phone numbers for both the seller (grantor) and buyer (grantee).

## PART 3 – PROPERTY DESCRIPTION

This section identifies the parcel that is being transferred by location and is the legal description found on the instrument or deed conveying the real estate or the abstract to the real estate.

The property description may be provided on an attachment, and be identified by checking the applicable box.

## PART 4 – TYPE OF TRANSFER (Please refer to "When and Where to File" above.)

**Transfer by Recorded Instrument:** Check the box(es) that apply to the type of transfer for which an instrument has been recorded with the County Clerk and Recorder.

**Transfer by Operation of Law:** Check the box(es) that apply to the type of transfer. A copy of the following applicable documentation must be attached to the Realty Transfer Certificate.

- Termination of Joint Tenancy by Death – death certificate and deed that created the joint tenancy with right of survivorship.
- Court Decree -
  - Personal Representative, Special Administrator or Public Administrator – death certificate, order of appointment and letters of administration and an affidavit that their appointment has not been terminated.
  - Conservator – Order of Appointment and Letter of Conservatorship or copy of the order terminating the conservatorship.
- Merger, consolidation or other business reorganization – Plan of Reorganization.
- Name change only – documents filed with the Secretary of State to accomplish the name change.

## PART 5 – EXCEPTION FROM PROVIDING SALES PRICE INFORMATION

If any of the exceptions listed apply to this transfer, please check the appropriate line and do not complete Section 6. If you are unsure whether this transaction should be defined as an exception, or if you have any other questions concerning exception status, please request a determination from your local Department of Revenue Office.

## PART 6 – SALE INFORMATION (If there is no exception checked in Part 5, you must complete this section.)

**CONFIDENTIALITY:** Sale information is confidential and only for official use by the Department of Revenue.

Enter the total purchase price paid for the sale parcel. This should include cash, mortgages, property traded, liabilities assumed, leases, easements and personal property.

**Financing:** If you paid cash for the entire sale parcel, check the box in front of Cash. If you financed the property by receiving a loan indicate the type by checking the appropriate box; Federal Housing Administration (FHA) Loan, Veterans Administration (VA) Loan or Conventional. If this was a contract for deed or trust indenture, indicate by checking the box in front of Contract. If there was some other type of financing used such as a Montana Board of Housing Loan, trade of property, etc. please indicate by checking the box in front of Other. Also, indicate whether this was a new loan or an assumption of an existing loan.

**Personal Property:** Enter the dollar amount of any personal property included with the sale of this parcel. Personal property includes furniture and fixtures, business and farm equipment, livestock, recreational vehicles, leases and easements, and mobile homes. Anything that is permanently attached to the real estate should not be included. Negligible personal property included in a residential sale need not be reported.

**SID (Special Improvement District – liens levied against the property for amenities like street paving, sewers, water systems, etc.):** Please answer the questions by checking the appropriate boxes, also include the amount of the SID paid or assumed.

**Value of Inventory:** Please provide the value of any business inventory that was included in the sales price.

**Value of Licenses:** Please provide the value of any licenses included in the sales price i.e., liquor licenses, gambling licenses, etc.

**Value of Good Will:** Please provide the value of Good Will included in the sale price. (Good Will is defined as "the economic advantage over competitors that a business has acquired by virtue of habitual patronage of customers".)

**PART 7 – WATER RIGHTS DISCLOSURE** – This disclosure must be completed and signed by the seller or the seller's legally appointed agent. Refer to page 2 for further information about the disclosure. If Box D has been checked, the Certification of Water Right Ownership Update (page 5) must also be signed by the seller (grantor), the buyer (grantee), and the escrow agent (if applicable) to enable recordation of the deed or instrument by the County Clerk and Recorder.

**PART 8 – PREPARER INFORMATION** – All Realty Transfer Certificates must be signed and dated by the preparer. By his/her signature the preparer indicates the information provided is true and correct to the best of his/her knowledge, that the seller (grantor) and the buyer (grantee) have examined the completed Realty Transfer Certificate and agree the information contained within is correct and accurate.

**REALTY TRANSFER CERTIFICATE****CONFIDENTIAL TAX DOCUMENT**

The information contained in this certificate is confidential by Montana law. Unauthorized disclosure of this information is a criminal offense.

GEOCODE(S) \_\_\_\_\_

ASSESSMENT CODE: \_\_\_\_\_

The Department of Revenue will change the name on ownership records used for the assessment and taxation of real property when this form is fully and accurately completed and signed. (Please read the attached instructions on page 1 for assistance in completing and filing this form).

**Montana law requires this form be completed and may impose up to a \$500 penalty for failure to file a Realty Transfer Certificate (15-7-304, 305 and 310, MCA)**

**PART 1 - DATE OF TRANSFER (SALE)**

(MM/DD/YYYY)

**PART 2 - PARTIES**

Please complete this section in full, if additional space is required, please attach a separate page

**SELLER (Grantor)**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
(Permanent) \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Seller Principal Residence ☐ Yes ☐ No

List the last 4 digits of the SSN or FEIN

SSN 000 - 00 - \_\_\_\_\_  
SSN 000 - 00 - \_\_\_\_\_  
FEIN 00 - 000 \_\_\_\_\_  
Daytime Phone \_\_\_\_\_

**BUYER (Grantee)**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
(Permanent) \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Buyer Principal Residence ☐ Yes ☐ No

Mailing Address \_\_\_\_\_

For Tax Notice \_\_\_\_\_

(If different) City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

SSN 000 - 00 - \_\_\_\_\_  
SSN 000 - 00 - \_\_\_\_\_  
FEIN 00 - 000 \_\_\_\_\_  
Daytime Phone \_\_\_\_\_

Transfer to Trustee, Custodian, or other Representative:

Trust FEIN 00 - 000 \_\_\_\_\_

Minor SSN 000 - 00 - \_\_\_\_\_

**PART 3 - PROPERTY DESCRIPTION**

Please complete fully, if additional space is required, please attach a separate page

Legal Description: \_\_\_\_\_ Attachment ☐

Add/Sub \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_  
County \_\_\_\_\_ City/Town \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

**PART 4 - TYPE OF TRANSFER**

Please complete fully, more than one may apply.

**Transfer by Recorded Instrument**

☐ Sale ☐ Gift ☐ Barter ☐ Nominal or No Consideration ☐ Part of 1031 or 1033 exchange ☐ Transfer is subject to a reserved life estate

**Transfer by Operation of Law**

☐ Termination of joint tenancy by death ☐ Termination of life estate by death ☐ Court Decree ☐ Merger, consolidation, or other business entity reorganization

**PART 5 - EXCEPTIONS FROM PROVIDING SALES PRICE INFORMATION**

Please complete fully, more than one may apply

- |   |   |
|---|---|
| <input type="checkbox"/> Gift   | <input type="checkbox"/> Transfer pursuant to court decree  |
| <input type="checkbox"/> Transfer in contemplation of death without consideration   | <input type="checkbox"/> Tax deed or sheriff's deed   |
| <input type="checkbox"/> Transfer between husband/wife or parent/child for nominal consideration                                | <input type="checkbox"/> Foreclosure (include trustee transfer under trust indenture and deed in lieu of foreclosure) |
| <input type="checkbox"/> Transfer of property of the estate of a decedent   | <input type="checkbox"/> Merger, consolidation or reorganization of business entity                                   |
| <input type="checkbox"/> Transfer by government agency  | <input type="checkbox"/> Timberland/Forestland exemption  |
| <input type="checkbox"/> Correction, modification, or supplement of previously recorded instrument, no additional consideration | <input type="checkbox"/> Land eligible for Agricultural Classification (15-7-201, MCA)                                |
| <input type="checkbox"/> Termination of joint tenancy by death  | <input type="checkbox"/> Transfer to a revocable living trust   |
| <input type="checkbox"/> Termination of life estate by death  | <input type="checkbox"/> Other (Specify Type) _____   |

**PART 6 - SALE PRICE INFORMATION**

Please complete fully, more than one may apply

Actual Sale Price \$ \_\_\_\_\_ Value of good will included in sale \$ \_\_\_\_\_  
Financing: ☐ Cash ☐ FHA ☐ VA ☐ Contract ☐ Other \_\_\_\_\_ Was an SID payoff included in the sale price? ☐ Yes ☐ No  
Terms: ☐ New loan OR ☐ Assumption of existing loan \_\_\_\_\_ Did the buyer assume an SID? ☐ Yes ☐ No  
Value of personal property included in sale \$ \_\_\_\_\_ Amount of SID paid or assumed: \$ \_\_\_\_\_  
Value of inventory included in sale \$ \_\_\_\_\_ Was a mobile home included in the sale? ☐ Yes ☐ No  
Value of licenses included in sale \$ \_\_\_\_\_

**PART 7 - WATER RIGHT DISCLOSURE -- This Disclosure is only applicable to the property identified in PART 3 above**

- ☐ A. Property is served by a public water supply, i.e., city, irrigation district, or water district provides water. ☐ B. Seller has no water rights on record with DNRC to transfer. ☐ C. Seller is transferring ALL water rights on record with DNRC to the Buyer. ☐ D. Seller is dividing or exempting (reserving) water rights. Seller must file Water Right Update form.

Seller (Grantor) Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART 8 - PREPARER INFORMATION**

Preparer's signature is required

Name/Title \_\_\_\_\_ (please print) Signature \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

**Clerk and Recorder Use Only**

Recording Information: Document # \_\_\_\_\_ Book \_\_\_\_\_ Page \_\_\_\_\_ Date \_\_\_\_\_  
☐ Warranty ☐ Trust Deed ☐ Quit Claim ☐ Grant ☐ Contract for Deed ☐ Decree ☐ Interest  
☐ Bargain & Sale Deed ☐ Notice of Purchaser's Interest ☐ Statement of Acknowledgement ☐ Termination of Joint Tenancy  
☐ Tax Deed ☐ Beneficiary Deed ☐ Other \_\_\_\_\_

Department of Revenue Copy

Page 3



Dan Bucks  
Director

# Montana Department of Revenue



Brian Schweitzer  
Governor

EXHIBIT 2  
DATE 3-8-2011  
HB 184

## MEMORANDUM

To: Representative Cary Smith  
From: Dan Dadds, Senior Economist  
Date: February 24, 2011  
Subject: Fiscal impact of HB 184 with Proposed Amendment

From our discussion this morning, I understand that your intent in HB 184 is to allow a credit for insurance premiums and unreimbursed health care costs only to Montana residents who have individual (non-group) health insurance.

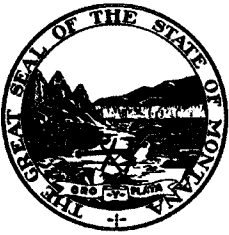
I have recalculated the credits for this limited group of taxpayers. The following table shows preliminary estimates of credits with the credit percentages as they were amended in the House Human Services Committee.

Residents with Individual Coverage Only			
Tax Year	Fiscal Year	Credit %	Revenue Change
2011	FY 2012	2.33%	-\$50,535
2012	FY 2013	4.66%	-\$740,425
2013	FY 2014	7.00%	-\$4,429,168
2014	FY 2015	7.00%	-\$4,706,496

Depending on how the amendment is worded, the credits in the fiscal note for the amended bill may be somewhat different. With fewer taxpayers taking the credit, the department's costs will probably be quite a bit lower than in the original fiscal note. The cost analysis is done by staff in the operating units. I have asked them to get back to me with a ballpark idea of costs with fewer taxpayers.

Sue O'Connell called me this morning and we discussed how to amend the bill to limit the credit to just these taxpayers. I agreed to look at the language she comes up with, and I am sure we can come up with language that does what you want.

If you have any questions, feel free to call me at 444-2668, or send me an e-mail at [ddadds@mt.gov](mailto:ddadds@mt.gov).



## MONTANA SECRETARY OF STATE

EXHIBIT 3  
DATE 3-8-2011  
HB 274

**LINDA McCULLOCH**

HB 274: Employment of unauthorized alien unlawful  
House Appropriations, RM 102  
March 8, 2011 @ 8:00 AM  
Secretary Linda McCulloch's Testimony

- Good morning Mr. Chair, members of the committee. For the record, I am Linda McCulloch, Montana Secretary of State.
- I rise as an informational witness to urge the committee to consider removing an irresponsible, unworkable amendment added to this bill in the House Judiciary Committee.
- I would like to stress that I do not oppose HB 274. However, it is important to note that this bill has a fiscal impact to my office.
- HB274 requires the Secretary of State's office to suspend corporations and partnerships that employ unauthorized aliens upon notification from the Department of Labor and Industry.
- Our office's businesses filing services run off of a 1978, Cobol-based mainframe. There is only one vendor that maintains and upgrades this system, and they charge \$120 an hour to work on it.
  - In fact, they charged us \$120 an hour to read this bill and tell us how much they would charge us to implement HB 274.
- The vendor informed us that it would cost more than \$20,000 to implement the SOS requirements within HB 274.
- Recall that the Secretary of State Office does not receive any General Fund money to run the office. We are Enterprise Funded, meaning that we function as a business, we charge for services rendered.
- As you can imagine, spending more than \$20,000 on a 33 year old computer system is not something that we had budgeted for in this or future fiscal years.
- If you look at "Page 5, Line 2" of the bill, it states:
  - "In order to implement this section, the Secretary of State shall develop and use a card file or other manual system to track and act upon licenses subject to this section."

- Mandating a non-electronic, manual card system to **only** keep track of businesses suspended due to HB 274 eliminates the likelihood that the public will discover that certain businesses have been suspended.
- We have a concern about requiring a manual card system when every other business filing function in our office is digitized.
- Currently, the status of any business registered with the Secretary of State is available electronically in a publicly searchable electronic database.
  - Businesses, banks, individuals, and interested parties search the SOS database daily and rely on the validity and accuracy of the information contained in that database.
- Segregating information from the electronic database decreases transparency, because unless a business, bank, individual, or interested party searches daily the non-electronic, manual card system that would be physically located in our office, they will not be fully aware of a business's current status. This puts Montana businesses in a risky position.
- Furthermore, banks make daily lending decisions based on the information that they acquire through the SOS online database, and inaccurate information creates risk and may lead to lawsuits against the State of Montana.
- I encourage this committee to remove the manual card system requirement.
- I'm available to answer any questions you may have. Thank you for your time this morning.



Appropriations Committee Tuesday March 7, 2011  
Presentation by Mike Caffee

## House Bill 363

- ① This is a former friendly, rancher friendly, lamb friendly and calf friendly bill.  
It has no General Fund Impact.

Important

The bill request came from lamb owners and cattle producers because they had a problem. Let me repeat.

HB 363 specifies that half of future income from sale of wolf licenses would go toward collaring one wolf per pack as required by the management plan and the other half would go toward removing wolves which prey on livestock.

The \$325,000 fiscal note relates to the value of wolf licenses sold in 2009. That money was washed into the general license fund. This bill would wash that amount back into management of livestock killers.

In the past, wolf management has been paid for with something above \$600,000 of federal money and \$300 to \$400,000 of state money. When the wolf is deleted, the federal money stops.

Wool producers and cattle men need the state to do its job.

Rep. Mike Caffee

# Use of Medication Aides in Nursing Homes - HB 377

## Questions and Answers

---

**Q: Who served on the HJR 17 work group that studied medication aides and made the recommendations found in HB 377?**

**A:** The work group included:

Rep. Julie French (D-Scobey), sponsor of HJR 17

Montana Health Care Association - Rose Hughes, Executive Director

Montana Hospital Association - Casey Blumenthal, MHSA, RN, CAE

Montana Board of Nursing - Ms. Kathy Hayden, LPN, President

Montana Nurses Association - Mr. Robert Allen

St. John's Lutheran Ministries, Billings - Libby Markus, RN

Valley View Home, Glasgow - Lori Collins, RN

Madison Valley Manor, Ennis - Judy Melin, RN, LNHA

**Q: Who supported HB 377 when it was heard in the House Human Services Committee?**

**A:** The following individuals testified or had statements put into the record:

Montana Health Care Association - Rose Hughes, Executive Director

Montana Nurses Association - Barbara Swehla, RN

Montana Hospital Association - Casey Blumenthal, RN

Sage Company, Missoula - Denise Licata, RN

Benefis Health System, Great Falls - Frank Soltys, LNHA

Billings Clinic / Aspen Meadows, Billings - Amy Grmoliez

St. John's Lutheran Ministries, Billings - Libby Markus, RN

Valley View Home, Glasgow - Lori Collins, RN

Northern Montana Care Center, Havre - Lori Henderson, RN, LNHA

Eagle Cliff Manor, Billings - Brian Huso, LNHA

**Q: Who opposed HB 377 when it was heard in the House Human Services Committee?**

**A:** There were no opponents

**WE URGE YOU TO SUPPORT THIS LEGISLATION.**

ROSE M. HUGHES

(406) 443-2876 ■ RHUGHES@RMSMANAGEMENT.COM

GARY L. SPAETH

(406) 439-8898 ■ GLSPAETH@AOL.COM

# **Use of Medication Aides in Nursing Homes - HB 377**

**MEDICATION AIDES** are used in about 30 states and are specially trained individuals who are allowed to administer medications in nursing homes and other settings specified by the individual states.

In Montana, medication aides are allowed to administer medications in assisted living facilities.

**THIS LEGISLATION** authorizes the use of medication aides in nursing homes and establishes the qualifications, training, testing, scope of practice, limitations and supervision required. These individuals will be licensed by the Board of Nursing.

## **KEY PROVISIONS INCLUDE:**

- must be a certified nursing assistant (CNA) with at least 2 years experience
- must successfully complete 100 hours of education related to basic pharmacology and principles of safe medication administration and pass a board-approved examination
- must practice under the supervision of a licensed nurse

## **RESTRICTIONS INCLUDE:**

- may not administer "as needed" medications
- may not administer parenteral or subcutaneous medications except for prelabeled, predrawn insulin; and may not administer medications through nasogastric routes or by gastrostomy or jejunostomy tubes
- may not calculate dosages or take verbal orders related to changes in medications and dosages

HJ 17 passed by the 2009 legislature requested DPHHS and the Department of Commerce to conduct a study to examine the use of medication aides in nursing homes and to develop a report for the 2011 legislature that would discuss all provisions necessary for the safe and effective use of medication aides in nursing homes. This legislation embodies the recommendation of the study group.

Our nursing homes are experiencing a shortage of licensed nursing staff, particularly in our most rural communities. Facilities are forced to use agencies who supply traveling nurses to staff uncovered shifts. This is not only expensive but affects the quality of care because residents are being cared for by nurses who are not familiar with them. The shortage will only worsen as the baby boomers continue to age and seek health care services.

We believe the use of medication aides in nursing homes will be beneficial in Montana by taking pressure off licensed nurses to allow more time for assessment and other complex nursing functions, by having medication aides who know the residents administer medications instead of traveling nurses who are not familiar with residents, and by improving retention and recruitment of CNA's through a career ladder approach.

## **WE URGE YOU TO SUPPORT THIS LEGISLATION.**

**ROSE M. HUGHES**

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**GARY L. SPAETH**

(406) 439-8898 ■ GLSPAETH@AOL.COM

**HOUSE APPROPRIATIONS COMMITTEE**

**Tuesday, March 8, 2011**

## HB 321 - Nullify federal endangered species act

**Sponsor: Representative Krayton Kerns**

**PLEASE PRINT**

[illegible]

**Please leave prepared testimony with Secretary. Witness Statement forms are available if you care to submit written testimony.**

**MONTANA House of Representatives**  
**Visitors Register**  
**HOUSE APPROPRIATIONS COMMITTEE**

**Tuesday, March 8, 2011**

## HB 358 - Revise Montana medical savings account contribution limits

**Sponsor: Representative Gary MacLaren**

**PLEASE PRINT**

[illegible]

**Please leave prepared testimony with Secretary. Witness Statement forms are available if you care to submit written testimony.**

## MONTANA House of Representatives Visitors Register

**Tuesday, March 8, 2011**

## HB 363 - Provide for use of wolf license money

**Sponsor: Representative Mike Cuffe**

**PLEASE PRINT**

[illegible]

**Please leave prepared testimony with Secretary. Witness Statement forms are available if you care to submit written testimony.**

**MONTANA House of Representatives**  
**Visitors Register**  
**HOUSE APPROPRIATIONS COMMITTEE**

**Tuesday, March 8, 2011**

**HB 377 - Revise laws to allow medication aides in nursing homes**

**Sponsor: Representative Wendy Warburton**

**PLEASE PRINT**

Name	Representing	Support	Oppose
Rose Hughes	Mc Health Care Assn	✓	
Jessy Blumenthal	MHA	✓	
Susan Getz	Self	✓	
CLARENCE D Getz	"	✓	

**Please leave prepared testimony with Secretary. Witness Statement forms are available if you care to submit written testimony.**

**MONTANA House of Representatives  
Visitors Register  
HOUSE APPROPRIATIONS COMMITTEE**

**Tuesday, March 8, 2011**

## HB 386 - Revise management of state-owned or state-leased vehicles

**Sponsor: Representative Wayne Stahl**

**PLEASE PRINT**[illegible]

**Please leave prepared testimony with Secretary. Witness Statement forms are available if you care to submit written testimony.**





APPROPRIATIONS COMMITTEE

NAME: \_\_\_\_\_

**BUDGET:**

**ADDRESS:**

DATE:

## WHOM DO YOU REPRESENT?

**SUPPORT:**

**OPPOSE:**

**AMEND:**

**COMMENTS:**



APPROPRIATIONS COMMITTEE

Pet Heim - Columbia LRAIK

















